LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

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(Type or print clearly in black ink) See instructions at bottom of page

Lobbyist's name and permanent business address							
ANTI	IONY	GE	066	ER			
213							
SAU	EM.	OR	97	302			

Date prepared

1/3/05

Period covered

year ending

(Mo.) (Day) 31

12

(Yr.)

Item 1			le expenditures made or					oyer on behalf of Lobb			
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		* Total Amount for	Item 3, at b			ed by each emp	oyer (Identity employer	rs, under			
			All Employers	Employer No. 1		Employer No. 2		Employer No. 3	Employer No. 4		
Entertainment Food and Refreshment \$			s <u>250</u>	\$	-:	\$		\$	\$		
Living Accommodations											
Adverti	sing	-	150	_							
Travel		1									
Telepho	one		100				. : .				
Other E	xpenses or S	Services		esterate de la composition della composition del							
		y y had an									
		Total	\$ <u>500</u>	 \$		\$		\$	\$		
			you are reporting for requi						entered on Page 1.		
Item 2	The totals of each expenditure of more than fifty d Date Place				Amoun			Names of Legislators & Public Officials in Group			
Continued on attached page(s)					Ite	m	Employer(s) Name(s) and Address(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code. Filing deadline: Annual report is due on January 31st. TO BE FILED WITH: Ben Ysursa Secretary of State 100 Box 83720 Bots 1D 83720-0080 1000- (208) 324-2852 733 (208) 334-2282					-	No.1 ASSOCIATED STUDENTS UNIVERSITY OF IDAMO					
					No. 1						
					No.2	No.2					
					No.3	No.4					
					No.4						

Item 4			s made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible perty to any Legislator, or for or on behalf of any legislator.									
	I	Date Amount				Name of Legislator Receiving or Benefited						
					NONE	5 4	A	SUI				
Item 5	I of House Hill Resolution or other legislative activity in which						LEGISLATIVE SUBJECT IDENTIFICATION					
	!	-					Coae Ol	Subject Agriculture, horticulture,	Code 17	Subject Health service, medicine, drugs		
Subject			solution or Other				O1	farming, and livestock	17	and controlled substances, health		
(from t		Legislan	ve Ident. Number	and	Section Number	er	02	Amusements, games, athletics		insurance, hospitals		
08	5							and sports	18	Higher education		
18							03 04	Banking, finance, credit and investments Children, minors, youth,	19 20	Housing, construction, codes Insurance (excluding health insurance)		
07	'						05 06	senior citizens Church and religion Consumer affairs	21 22	Labor, salaries and wages, collective bargaining Law enforcement, courts,		
							07	Ecology, environment, pollution, conservation, zoning, land and water use	23	judges, crimes, prisons License, permits		
							08	Education	24 25	Liquor Manufacturing, distribution and		
						1	09	Elections, campaigns, voting,	23	services		
				,		-	10	political parties Equal rights, civil rights, minority affairs	26	Natural resources, forest and forest products, fisheries, mining and mining products		
	- [11	Government, financing,	27	Public lands, parks, recreation		
								taxation, revenue, budget, appropriations, bids, fees, funds	28	Social insurance, unemployment insurance, public assistance,		
			1				12 13	Government, county Government, federal	29	workmen's compensation Transportation, highways,		
								Government, municipal		streets and roads		
			*				15 16	Government, special districts Government, state	30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas		
									31_	Other (please specify)		
			· . •		V		/			1/3/05		
						4		obbyist signature		Date		
							į	Employer No. 1 signature		Date		
,		,					Ì	Employer No. 2 signature	;	Date		
			by certify that the			and		Employer No. 3 signature		Date		
onect st	averijen	in accord	nance with Section	1 07-0024	IURBO COGÉ.		1	Employer No. 4 signature		Date		
					-			Employer 140. 4 Signature		Date		